



# Uniform Medical Plan

Your health. Your plan. Your choice.

## Anesthesia Fee Schedule

**Effective 7/1/05**

**Last revised 5/27/05**

The procedure codes, anesthesia bases and maximum allowances in this document do not necessarily indicate coverage or payment. All coverage and payments are subject to plan benefits, exclusions, limitations, and pre-authorization requirements. Please refer to the *Billing and Administrative Manual for Professional Providers* and *Certificate of Coverage* for additional information.

The descriptions for the Current Procedural Terminology (CPT™) and Healthcare Common Procedure Coding System (HCPCS) level II codes listed here are abbreviated. For billing purposes, use the most recent edition of the CPT™ and HCPCS level II coding books which include complete descriptions of the codes.

Visit the UMP web site at [www.ump.hca.wa.gov](http://www.ump.hca.wa.gov) to download the latest versions of this fee schedule and all other UMP publications mentioned in this document.

Fees in this publication are subject to change without notice. Although we make every effort to ensure the accuracy of the fees in our publications, changes or corrections may occur throughout the year.

Physicians' Current Procedural Terminology (CPT™) five-digit codes, descriptions, and other data only are copyright 2004 American Medical Association (AMA). All rights reserved. No fee schedules, basic units, relative values, or related listings are included in CPT™. AMA does not directly or indirectly practice medicine or dispense medical services. AMA assumes no liability for data contained or not contained herein. Applicable FARS/DFARS Apply. CPT™ is a registered trademark of the AMA.

# Uniform Medical Plan Anesthesia Fee Schedule

## Effective July 1, 2005

Page 2 of 9

### Introduction

The Uniform Medical Plan's (UMP) conversion factor for reimbursement of anesthesia services is \$46.70 for dates of service on or after July 1, 2005. The UMP conversion factor is based on a 15-minute unit payment system. Anesthesia services are reimbursed according to actual time units and anesthesia base units.

#### Anesthesia Base Units

For the majority of the CPT™ anesthesia codes, the current anesthesia bases in the UMP payment system are the same as the Centers for Medicare & Medicaid Services (CMS) 2005 anesthesia base units and the American Society of Anesthesiologists (ASA) 2005 anesthesia base units. For the CPT™ anesthesia codes where CMS and the ASA bases are different, the CMS anesthesia bases are used, with a few exceptions based on feedback from our State Agency Anesthesia Technical Advisory Group.

#### Anesthesia Procedure Codes

Anesthesia services must be billed with Current Procedural Terminology (CPT™) anesthesia codes 00100 through 01999. The UMP will not accept any ASA RVG codes that are not included in CPT™. All anesthesia codes should be billed according to the descriptions published in CPT™. When there are differences in code descriptions between CPT™ and ASA RVG, the CPT™ descriptions will apply.

Some procedures commonly performed by anesthesiologists and CRNAs are reimbursed according to the resource based relative value scale (RBRVS) maximum allowances on UMP's *Professional Provider Fee Schedule*, and not according to anesthesia base and time units. These services include most pain management services, E&M services, intubation, Swan-Ganz insertion and placement as well as other selected surgical services (refer to pages 6 through 9). Providers must bill the appropriate CPT™ surgery or medicine codes (with no anesthesia modifier) for payment consideration of these services.

#### Anesthesia Time Units

UMP payment for anesthesia is based on a per minute reporting assumption. Providers must report the actual anesthesia minutes calculated to the next whole minute in the "units" field (24G) on the CMS 1500 claim form. The UMP will calculate the base units dependent upon the procedure code being billed.

#### Anesthesia Maximum Allowance

The following table illustrates how the UMP calculates the anesthesia maximum allowance:

| Step | Maximum Allowance Calculation (dates of service on or after 7/1/05) |
|------|---|
| 1    | Multiply anesthesia base units by 15                                |
| 2    | Add total billed minutes to value from step 1                       |
| 3    | Multiply total from step 2 by UMP's per minute conversion factor**  |

\*\* In UMP's claims system, the 15-minute conversion factor converts to a per minute factor (\$3.1133/minute)

#### Sample Calculation

Billed time from provider: 120 minutes

UMP anesthesia base units: 5 units

UMP maximum allowance = ( base x 15 + billed time ) x per minute conversion factor  
= ( 5 x 15 + 120 ) x \$3.1133  
= \$607.09

Please refer to the UMP *Billing and Administrative Manual for Professional Providers* for additional information and billing instructions.

Visit the UMP web site at [www.ump.hca.wa.gov](http://www.ump.hca.wa.gov) to download copies of all UMP publications mentioned in this document. If you have any questions, please call (206) 521-2023 (within the Seattle area) or toll free at 1-800-292-8092.

# Uniform Medical Plan Anesthesia Fee Schedule

Page 3 of 9

## Anesthesia Codes and Base Units

Effective July 1, 2005

| Code  | Brief Description            | Base Units |
|-------|------------------------------|------------|
| 00100 | Anesth, salivary gland       | 5          |
| 00102 | Anesth, repair of cleft lip  | 6          |
| 00103 | Anesth, blepharoplasty       | 5          |
| 00104 | Anesth, electroshock         | 4          |
| 00120 | Anesth, ear surgery          | 5          |
| 00124 | Anesth, ear exam             | 4          |
| 00126 | Anesth, tympanotomy          | 4          |
| 00140 | Anesth, procedures on eye    | 5          |
| 00142 | Anesth, lens surgery         | 4          |
| 00144 | Anesth, corneal transplant   | 6          |
| 00145 | Anesth, vitreoretinal surg   | 6          |
| 00147 | Anesth, iridectomy           | 4          |
| 00148 | Anesth, eye exam             | 4          |
| 00160 | Anesth, nose/sinus surgery   | 5          |
| 00162 | Anesth, nose/sinus surgery   | 7          |
| 00164 | Anesth, biopsy of nose       | 4          |
| 00170 | Anesth, procedure on mouth   | 5          |
| 00172 | Anesth, cleft palate repair  | 6          |
| 00174 | Anesth, pharyngeal surgery   | 6          |
| 00176 | Anesth, pharyngeal surgery   | 7          |
| 00190 | Anesth, face/skull bone surg | 5          |
| 00192 | Anesth, facial bone surgery  | 7          |
| 00210 | Anesth, open head surgery    | 11         |
| 00212 | Anesth, skull drainage       | 5          |
| 00214 | Anesth, skull drainage       | 9          |
| 00215 | Anesth, skull repair/fract   | 9          |
| 00216 | Anesth, head vessel surgery  | 15         |
| 00218 | Anesth, special head surgery | 13         |
| 00220 | Anesth, intrcrn nerve        | 10         |
| 00222 | Anesth, head nerve surgery   | 6          |
| 00300 | Anesth, head/neck/ptrunk     | 5          |
| 00320 | Anesth, neck organ, 1 & over | 6          |
| 00322 | Anesth, biopsy of thyroid    | 3          |
| 00326 | Anesth, larynx/trach, < 1 yr | 8          |
| 00350 | Anesth, neck vessel surgery  | 10         |
| 00352 | Anesth, neck vessel surgery  | 5          |
| 00400 | Anesth, skin, ext/per/atrunk | 3          |
| 00402 | Anesth, surgery of breast    | 5          |
| 00404 | Anesth, surgery of breast    | 5          |
| 00406 | Anesth, surgery of breast    | 13         |
| 00410 | Anesth, correct heart rhythm | 4          |
| 00450 | Anesth, surgery of shoulder  | 5          |
| 00452 | Anesth, surgery of shoulder  | 6          |
| 00454 | Anesth, collar bone biopsy   | 3          |
| 00470 | Anesth, removal of rib       | 6          |
| 00472 | Anesth, chest wall repair    | 10         |
| 00474 | Anesth, surgery of rib(s)    | 13         |
| 00500 | Anesth, esophageal surgery   | 15         |
| 00520 | Anesth, chest procedure      | 6          |
| 00522 | Anesth, chest lining biopsy  | 4          |
| 00524 | Anesth, chest drainage       | 4          |

| Code  | Brief Description            | Base Units |
|-------|------------------------------|------------|
| 00528 | Anesth, chest partition view | 8          |
| 00529 | Anesth, chest partition view | 11         |
| 00530 | Anesth, pacemaker insertion  | 4          |
| 00532 | Anesth, vascular access      | 4          |
| 00534 | Anesth, cardioverter/defib   | 7          |
| 00537 | Anesth, cardiac electrophys  | 10         |
| 00539 | Anesth, trach-bronch reconst | 18         |
| 00540 | Anesth, chest surgery        | 12         |
| 00541 | Anesth, one lung ventilation | 15         |
| 00542 | Anesth, release of lung      | 15         |
| 00546 | Anesth, lung,chest wall surg | 15         |
| 00548 | Anesth, trachea,bronchi surg | 17         |
| 00550 | Anesth, sternal debridement  | 10         |
| 00560 | Anesth, heart surg w/o pump  | 15         |
| 00561 | Anesth, heart surg < age 1   | 25         |
| 00562 | Anesth, heart surg w/pump    | 20         |
| 00563 | Anesth, heart surg w/arrest  | 25         |
| 00566 | Anesth, cabg w/o pump        | 25         |
| 00580 | Anesth, heart/lung transplnt | 20         |
| 00600 | Anesth, spine, cord surgery  | 10         |
| 00604 | Anesth, sitting procedure    | 13         |
| 00620 | Anesth, spine, cord surgery  | 10         |
| 00622 | Anesth, removal of nerves    | 13         |
| 00630 | Anesth, spine, cord surgery  | 8          |
| 00632 | Anesth, removal of nerves    | 7          |
| 00634 | Anesth for chemonucleolysis  | 10         |
| 00635 | Anesth, lumbar puncture      | 4          |
| 00640 | Anesth, spine manipulation   | 3          |
| 00670 | Anesth, spine, cord surgery  | 13         |
| 00700 | Anesth, abdominal wall surg  | 4          |
| 00702 | Anesth, for liver biopsy     | 4          |
| 00730 | Anesth, abdominal wall surg  | 5          |
| 00740 | Anesth, upper gi visualize   | 5          |
| 00750 | Anesth, repair of hernia     | 4          |
| 00752 | Anesth, repair of hernia     | 6          |
| 00754 | Anesth, repair of hernia     | 7          |
| 00756 | Anesth, repair of hernia     | 7          |
| 00770 | Anesth, blood vessel repair  | 15         |
| 00790 | Anesth, surg upper abdomen   | 7          |
| 00792 | Anesth, hemorr/excise liver  | 13         |
| 00794 | Anesth, pancreas removal     | 8          |
| 00796 | Anesth, for liver transplant | 30         |
| 00797 | Anesth, surgery for obesity  | 9          |
| 00800 | Anesth, abdominal wall surg  | 4          |
| 00802 | Anesth, fat layer removal    | 5          |
| 00810 | Anesth, low intestine scope  | 5          |
| 00820 | Anesth, abdominal wall surg  | 5          |
| 00830 | Anesth, repair of hernia     | 4          |
| 00832 | Anesth, repair of hernia     | 6          |
| 00834 | Anesth, hernia repair< 1 yr  | 5          |
| 00836 | Anesth hernia repair preemie | 6          |

# Uniform Medical Plan Anesthesia Fee Schedule

Page 4 of 9

## Anesthesia Codes and Base Units

Effective July 1, 2005

| Code  | Brief Description            | Base Units |
|-------|------------------------------|------------|
| 00840 | Anesth, surg lower abdomen   | 6          |
| 00842 | Anesth, amniocentesis        | 4          |
| 00844 | Anesth, pelvis surgery       | 7          |
| 00846 | Anesth, hysterectomy         | 8          |
| 00848 | Anesth, pelvic organ surg    | 8          |
| 00851 | Anesth, tubal ligation       | 6          |
| 00860 | Anesth, surgery of abdomen   | 6          |
| 00862 | Anesth, kidney/ureter surg   | 7          |
| 00864 | Anesth, removal of bladder   | 8          |
| 00865 | Anesth, removal of prostate  | 7          |
| 00866 | Anesth, removal of adrenal   | 10         |
| 00868 | Anesth, kidney transplant    | 10         |
| 00870 | Anesth, bladder stone surg   | 5          |
| 00872 | Anesth kidney stone destruct | 7          |
| 00873 | Anesth kidney stone destruct | 5          |
| 00880 | Anesth, abdomen vessel surg  | 15         |
| 00882 | Anesth, major vein ligation  | 10         |
| 00902 | Anesth, anorectal surgery    | 5          |
| 00904 | Anesth, perineal surgery     | 7          |
| 00906 | Anesth, removal of vulva     | 4          |
| 00908 | Anesth, removal of prostate  | 6          |
| 00910 | Anesth, bladder surgery      | 3          |
| 00912 | Anesth, bladder tumor surg   | 5          |
| 00914 | Anesth, removal of prostate  | 5          |
| 00916 | Anesth, bleeding control     | 5          |
| 00918 | Anesth, stone removal        | 5          |
| 00920 | Anesth, genitalia surgery    | 3          |
| 00921 | Anesth, vasectomy            | 3          |
| 00922 | Anesth, sperm duct surgery   | 6          |
| 00924 | Anesth, testis exploration   | 4          |
| 00926 | Anesth, removal of testis    | 4          |
| 00928 | Anesth, removal of testis    | 6          |
| 00930 | Anesth, testis suspension    | 4          |
| 00932 | Anesth, amputation of penis  | 4          |
| 00934 | Anesth, penis, nodes removal | 6          |
| 00936 | Anesth, penis, nodes removal | 8          |
| 00938 | Anesth, insert penis device  | 4          |
| 00940 | Anesth, vaginal procedures   | 3          |
| 00942 | Anesth, surg on vag/urethral | 4          |
| 00944 | Anesth, vaginal hysterectomy | 6          |
| 00948 | Anesth, repair of cervix     | 4          |
| 00950 | Anesth, vaginal endoscopy    | 5          |
| 00952 | Anesth, hysteroscope/graph   | 4          |
| 01112 | Anesth, bone aspirate/bx     | 5          |
| 01120 | Anesth, pelvis surgery       | 6          |
| 01130 | Anesth, body cast procedure  | 3          |
| 01140 | Anesth, amputation at pelvis | 15         |
| 01150 | Anesth, pelvic tumor surgery | 10         |
| 01160 | Anesth, pelvis procedure     | 4          |
| 01170 | Anesth, pelvis surgery       | 8          |
| 01173 | Anesth, fx repair, pelvis    | 12         |

| Code  | Brief Description            | Base Units |
|-------|------------------------------|------------|
| 01180 | Anesth, pelvis nerve removal | 3          |
| 01190 | Anesth, pelvis nerve removal | 4          |
| 01200 | Anesth, hip joint procedure  | 4          |
| 01202 | Anesth, arthroscopy of hip   | 4          |
| 01210 | Anesth, hip joint surgery    | 6          |
| 01212 | Anesth, hip disarticulation  | 10         |
| 01214 | Anesth, hip arthroplasty     | 8          |
| 01215 | Anesth, revise hip repair    | 10         |
| 01220 | Anesth, procedure on femur   | 4          |
| 01230 | Anesth, surgery of femur     | 6          |
| 01232 | Anesth, amputation of femur  | 5          |
| 01234 | Anesth, radical femur surg   | 8          |
| 01250 | Anesth, upper leg surgery    | 4          |
| 01260 | Anesth, upper leg veins surg | 3          |
| 01270 | Anesth, thigh arteries surg  | 8          |
| 01272 | Anesth, femoral artery surg  | 4          |
| 01274 | Anesth, femoral embolectomy  | 6          |
| 01320 | Anesth, knee area surgery    | 4          |
| 01340 | Anesth, knee area procedure  | 4          |
| 01360 | Anesth, knee area surgery    | 5          |
| 01380 | Anesth, knee joint procedure | 3          |
| 01382 | Anesth, dx knee arthroscopy  | 3          |
| 01390 | Anesth, knee area procedure  | 3          |
| 01392 | Anesth, knee area surgery    | 4          |
| 01400 | Anesth, knee joint surgery   | 4          |
| 01402 | Anesth, knee arthroplasty    | 7          |
| 01404 | Anesth, amputation at knee   | 5          |
| 01420 | Anesth, knee joint casting   | 3          |
| 01430 | Anesth, knee veins surgery   | 3          |
| 01432 | Anesth, knee vessel surg     | 6          |
| 01440 | Anesth, knee arteries surg   | 8          |
| 01442 | Anesth, knee artery surg     | 8          |
| 01444 | Anesth, knee artery repair   | 8          |
| 01462 | Anesth, lower leg procedure  | 3          |
| 01464 | Anesth, ankle/ft arthroscopy | 3          |
| 01470 | Anesth, lower leg surgery    | 3          |
| 01472 | Anesth, achilles tendon surg | 5          |
| 01474 | Anesth, lower leg surgery    | 5          |
| 01480 | Anesth, lower leg bone surg  | 3          |
| 01482 | Anesth, radical leg surgery  | 4          |
| 01484 | Anesth, lower leg revision   | 4          |
| 01486 | Anesth, ankle replacement    | 7          |
| 01490 | Anesth, lower leg casting    | 3          |
| 01500 | Anesth, leg arteries surg    | 8          |
| 01502 | Anesth, lwr leg embolectomy  | 6          |
| 01520 | Anesth, lower leg vein surg  | 3          |
| 01522 | Anesth, lower leg vein surg  | 5          |
| 01610 | Anesth, surgery of shoulder  | 5          |
| 01620 | Anesth, shoulder procedure   | 4          |
| 01622 | Anes dx shoulder arthroscopy | 4          |
| 01630 | Anesth, surgery of shoulder  | 5          |

# Uniform Medical Plan Anesthesia Fee Schedule

## Anesthesia Codes and Base Units

Effective July 1, 2005

| Code  | Brief Description            | Base Units |
|-------|------------------------------|------------|
| 01632 | Anesth, surgery of shoulder  | 6          |
| 01634 | Anesth, shoulder joint amput | 9          |
| 01636 | Anesth, forequarter amput    | 15         |
| 01638 | Anesth, shoulder replacement | 10         |
| 01650 | Anesth, shoulder artery surg | 6          |
| 01652 | Anesth, shoulder vessel surg | 10         |
| 01654 | Anesth, shoulder vessel surg | 8          |
| 01656 | Anesth, arm-leg vessel surg  | 10         |
| 01670 | Anesth, shoulder vein surg   | 4          |
| 01680 | Anesth, shoulder casting     | 3          |
| 01682 | Anesth, airplane cast        | 4          |
| 01710 | Anesth, elbow area surgery   | 3          |
| 01712 | Anesth, uppr arm tendon surg | 5          |
| 01714 | Anesth, uppr arm tendon surg | 5          |
| 01716 | Anesth, biceps tendon repair | 5          |
| 01730 | Anesth, uppr arm procedure   | 3          |
| 01732 | Anesth, dx elbow arthroscopy | 3          |
| 01740 | Anesth, upper arm surgery    | 4          |
| 01742 | Anesth, humerus surgery      | 5          |
| 01744 | Anesth, humerus repair       | 5          |
| 01756 | Anesth, radical humerus surg | 6          |
| 01758 | Anesth, humeral lesion surg  | 5          |
| 01760 | Anesth, elbow replacement    | 7          |
| 01770 | Anesth, uppr arm artery surg | 6          |
| 01772 | Anesth, uppr arm embolectomy | 6          |
| 01780 | Anesth, upper arm vein surg  | 3          |
| 01782 | Anesth, uppr arm vein repair | 4          |
| 01810 | Anesth, lower arm surgery    | 3          |
| 01820 | Anesth, lower arm procedure  | 3          |
| 01829 | Anesth, dx wrist arthroscopy | 3          |
| 01830 | Anesth, lower arm surgery    | 3          |
| 01832 | Anesth, wrist replacement    | 6          |
| 01840 | Anesth, lwr arm artery surg  | 6          |
| 01842 | Anesth, lwr arm embolectomy  | 6          |

| Code    | Brief Description            | Base Units |
|---------|------------------------------|------------|
| 01844   | Anesth, vascular shunt surg  | 6          |
| 01850   | Anesth, lower arm vein surg  | 3          |
| 01852   | Anesth, lwr arm vein repair  | 4          |
| 01860   | Anesth, lower arm casting    | 3          |
| 01905   | Anes, spine inject, x-ray/re | 5          |
| 01916   | Anesth, dx arteriography     | 5          |
| 01920   | Anesth, catheterize heart    | 7          |
| 01922   | Anesth, cat or MRI scan      | 7          |
| 01924   | Anes, ther interven rad, art | 6          |
| 01925   | Anes, ther interven rad, car | 8          |
| 01926   | Anes, tx interv rad hrt/cran | 10         |
| 01930   | Anes, ther interven rad, vei | 5          |
| 01931   | Anes, ther interven rad, tip | 7          |
| 01932   | Anes, tx interv rad, th vein | 7          |
| 01933   | Anes, tx interv rad, cran v  | 8          |
| 01951   | Anesth, burn, less 4 percent | 3          |
| 01952   | Anesth, burn, 4-9 percent    | 5          |
| 01953   | Anesth, burn, each 9 percent | *          |
| 01958   | Anesth, antepartum manipul   | 5          |
| 01960   | Anesth, vaginal delivery     | 5          |
| 01961   | Anesth, cs delivery          | 7          |
| 01962   | Anesth, emer hysterectomy    | 8          |
| 01963   | Anesth, cs hysterectomy      | 10         |
| 01964   | Anesth, abortion procedures  | 4          |
| 01967   | Anesth/analg, vag delivery   | 5          |
| 01968** | Anes/analg cs deliver add-on | 3          |
| 01969** | Anesth/analg cs hyst add-on  | 5          |
| 01990   | Support for organ donor      | 7          |
| 01991   | Anesth, nerve block/inj      | 3          |
| 01992   | Anesth, n block/inj, prone   | 5          |
| 01995   | Regional anesthesia limb     | 5          |
| 01996   | Hosp manage cont drug admin  | ***        |
| 01999   | Unlisted anesth procedure    | ****       |

\* The UMP does not use anesthesia base or time units to determine the maximum allowance for this code. The maximum allowance for this service is \$46.70

\*\* Add-on code is separately payable with CPT™ anesthesia code 01967. (Include the applicable anesthesia minutes with the add-on code. )

\*\*\* The UMP does not use anesthesia base or time units to determine the maximum allowance for this code. The maximum allowance for this service is \$45.00

\*\*\*\* Individual Consideration

# Uniform Medical Plan Anesthesia Fee Schedule

## Pain Management and Other Procedures Paid Under the RBRVS Methodology

### Effective July 1, 2005

The pain management, evaluation & management, and other procedure codes on the following pages are reimbursed under the Resource Based Relative Value Scale (RBRVS) methodology, and are excerpted from the UMP *Professional Provider Fee Schedule*. For other procedure codes not listed in this document, refer to that fee schedule. These codes should not be billed with anesthesia modifiers.

The RBRVS maximum allowances are calculated using the Centers for Medicare & Medicaid Services' (CMS') 2005 relative value units (RVUs); statewide Geographic Practice Cost Indices (GPCIs) based on CMS' GPCIs for Washington localities; and UMP's conversion factor of \$50.00. CMS' 2005 RVUs were published in the November 15, 2004 *Federal Register* (Vol. 69, No. 219) and are also available on CMS' web site at cms.hhs.gov. The statewide GPCIs are: 1.003 (work), 1.017 (practice), and 0.819 (malpractice).

The RBRVS maximum allowances are determined by the following formula:

$$[(\text{work RVU} \times \text{work GPCI}) + (\text{practice expense RVU} \times \text{practice expense GPCI}) + (\text{malpractice expense RVU} \times \text{malpractice expense GPCI})] \times \text{UMP RBRVS conversion factor}$$

UMP's site of service payment differential for professional claims is based on CMS' dual practice expense RVUs and accompanying policy. The UMP fee schedule includes non-facility setting maximum allowances and facility setting maximum allowances. The **non-facility** setting maximum allowances apply to professional claims performed in all settings, with the exception of ambulances, ambulatory surgery centers, licensed birthing centers, hospice facilities, community mental health centers, hospitals, military facilities, Indian health facilities, Tribal facilities, and skilled nursing facilities. In these settings, the **facility** setting maximum allowances are applicable.

Note: The applicable CMS 2-digit place of service code must be included on the claim form submitted to UMP for payment consideration. The valid place of service codes are included in the UMP *Billing and Administrative Manual for Professional Providers*.

Please refer to the UMP *Billing and Administrative Manual for Professional Providers* for additional information and billing instructions for these and all other procedure codes.

### Pain Management

| Code  | Brief Description            | Non-Facility Setting<br>Max Allow Fee | Facility Setting<br>Max Allow Fee |
|-------|------------------------------|---------------------------------------|-----------------------------------|
| 11981 | Insert drug implant device   | \$165.50                              | \$113.50                          |
| 11982 | Remove drug implant device   | \$195.00                              | \$138.50                          |
| 11983 | Remove/insert drug implant   | \$291.50                              | \$250.00                          |
| 20526 | Ther injection, carp tunnel  | \$101.50                              | \$78.50                           |
| 20550 | Inj tendon sheath/ligament   | \$77.00                               | \$52.50                           |
| 20551 | Inj tendon origin/insertion  | \$75.50                               | \$57.50                           |
| 20552 | Inj trigger point, 1/2 muscl | \$72.00                               | \$45.50                           |
| 20553 | Inject trigger points, => 3  | \$81.50                               | \$51.00                           |
| 20600 | Drain/inject, joint/bursa    | \$69.50                               | \$54.00                           |
| 20605 | Drain/inject, joint/bursa    | \$76.00                               | \$55.50                           |
| 20610 | Drain/inject, joint/bursa    | \$92.00                               | \$65.00                           |
| 20612 | Aspirate/inj ganglion cyst   | \$75.00                               | \$57.00                           |
| 27096 | Inject sacroiliac joint      | \$295.50                              | \$91.00                           |
| 61790 | Treat trigeminal nerve       | \$954.00                              | \$954.00                          |
| 62263 | Epidural lysis mult sessions | \$970.00                              | \$487.00                          |
| 62264 | Epidural lysis on single day | \$626.00                              | \$305.00                          |
| 62270 | Spinal fluid tap, diagnostic | \$212.00                              | \$88.50                           |
| 62272 | Drain cerebro spinal fluid   | \$258.00                              | \$111.00                          |
| 62273 | Treat epidural spine lesion  | \$251.50                              | \$149.50                          |

**Uniform Medical Plan Anesthesia Fee Schedule**  
**Pain Management and Other Procedures Paid Under the RBRVS Methodology**  
**Effective July 1, 2005**

**Pain Management, Continued**

| <b>Code</b> | <b>Brief Description</b>     | <b>Non-Facility Setting<br/>Max Allow Fee</b> | <b>Facility Setting<br/>Max Allow Fee</b> |
|-------------|------------------------------|---|---|
| 62280       | Treat spinal cord lesion     | \$497.00                                      | \$196.00                                  |
| 62281       | Treat spinal cord lesion     | \$428.00                                      | \$186.00                                  |
| 62282       | Treat spinal canal lesion    | \$549.50                                      | \$171.50                                  |
| 62284       | Injection for myelogram      | \$335.00                                      | \$117.00                                  |
| 62290       | Inject for spine disk x-ray  | \$523.00                                      | \$231.00                                  |
| 62291       | Inject for spine disk x-ray  | \$458.00                                      | \$219.00                                  |
| 62310       | Inject spine c/t             | \$360.00                                      | \$148.50                                  |
| 62311       | Inject spine l/s (cd)        | \$343.50                                      | \$123.50                                  |
| 62318       | Inject spine w/cath, c/t     | \$414.00                                      | \$156.00                                  |
| 62319       | Inject spine w/cath l/s (cd) | \$366.00                                      | \$144.00                                  |
| 62350       | Implant spinal canal cath    | \$584.50                                      | \$584.50                                  |
| 62351       | Implant spinal canal cath    | \$952.00                                      | \$952.00                                  |
| 62355       | Remove spinal canal catheter | \$464.00                                      | \$464.00                                  |
| 62360       | Insert spine infusion device | \$282.50                                      | \$282.50                                  |
| 62361       | Implant spine infusion pump  | \$502.00                                      | \$502.00                                  |
| 62362       | Implant spine infusion pump  | \$621.50                                      | \$621.50                                  |
| 62365       | Remove spine infusion device | \$487.50                                      | \$487.50                                  |
| 63650       | Implant neuroelectrodes      | \$521.00                                      | \$521.00                                  |
| 63655       | Implant neuroelectrodes      | \$961.00                                      | \$961.00                                  |
| 63660       | Revise/remove neuroelectrode | \$524.50                                      | \$524.50                                  |
| 63685       | Implant neuroreceiver        | \$605.00                                      | \$605.00                                  |
| 63688       | Revise/remove neuroreceiver  | \$485.00                                      | \$485.00                                  |
| 64400       | N block inj, trigeminal      | \$155.50                                      | \$81.00                                   |
| 64402       | N block inj, facial          | \$148.00                                      | \$97.00                                   |
| 64405       | N block inj, occipital       | \$143.50                                      | \$93.00                                   |
| 64408       | N block inj, vagus           | \$155.00                                      | \$118.00                                  |
| 64410       | N block inj, phrenic         | \$203.00                                      | \$99.00                                   |
| 64412       | N block inj, spinal accessor | \$197.00                                      | \$84.50                                   |
| 64413       | N block inj, cervical plexus | \$167.50                                      | \$99.50                                   |
| 64415       | N block inj, brachial plexus | \$220.50                                      | \$101.50                                  |
| 64416       | N block cont infuse, b plex  | \$228.00                                      | \$228.00                                  |
| 64417       | N block inj, axillary        | \$231.00                                      | \$101.50                                  |
| 64418       | N block inj, suprascapular   | \$202.50                                      | \$92.00                                   |
| 64420       | N block inj, intercost, sng  | \$260.00                                      | \$84.00                                   |
| 64421       | N block inj, intercost, mlt  | \$398.50                                      | \$115.50                                  |
| 64425       | N block inj ilio-ing/hypogi  | \$177.50                                      | \$121.00                                  |
| 64430       | N block inj, pudendal        | \$205.50                                      | \$105.50                                  |
| 64435       | N block inj, paracervical    | \$207.00                                      | \$114.00                                  |
| 64445       | N block inj, sciatic, sng    | \$214.00                                      | \$103.50                                  |
| 64446       | N blk inj, sciatic, cont inf | \$223.50                                      | \$223.50                                  |
| 64447       | N block inj fem, single      | \$101.00                                      | \$101.00                                  |
| 64448       | N block inj fem, cont inf    | \$200.00                                      | \$200.00                                  |
| 64449       | N block inj, lumbar plexus   | \$206.00                                      | \$206.00                                  |
| 64450       | N block, other peripheral    | \$132.00                                      | \$93.50                                   |
| 64470       | Inj paravertebral c/t        | \$465.50                                      | \$134.00                                  |
| 64472       | Inj paravertebral c/t add-on | \$187.00                                      | \$85.50                                   |
| 64475       | Inj paravertebral l/s        | \$425.00                                      | \$107.50                                  |
| 64476       | Inj paravertebral l/s add-on | \$160.00                                      | \$64.00                                   |
| 64479       | Inj foramen epidural c/t     | \$497.50                                      | \$161.50                                  |
| 64480       | Inj foramen epidural add-on  | \$226.50                                      | \$106.00                                  |
| 64483       | Inj foramen epidural l/s     | \$501.50                                      | \$142.50                                  |
| 64484       | Inj foramen epidural add-on  | \$237.00                                      | \$89.00                                   |

**Uniform Medical Plan Anesthesia Fee Schedule**  
**Pain Management and Other Procedures Paid Under the RBRVS Methodology**  
**Effective July 1, 2005**

Page 8 of 9

**Pain Management, Continued**

| <b>Code</b> | <b>Brief Description</b>      | <b>Non-Facility Setting<br/>Max Allow Fee</b> | <b>Facility Setting<br/>Max Allow Fee</b> |
|-------------|-------------------------------|---|---|
| 64505       | N block, sphenopalatine gangl | \$135.50                                      | \$106.00                                  |
| 64508       | N block, carotid sinus s/p    | \$228.00                                      | \$96.50                                   |
| 64510       | N block, stellate ganglion    | \$239.50                                      | \$90.00                                   |
| 64517       | N block inj, hypogas plxs     | \$253.00                                      | \$159.00                                  |
| 64520       | N block, lumbar/thoracic      | \$332.50                                      | \$99.00                                   |
| 64530       | N block inj, celiac pelus     | \$309.50                                      | \$116.50                                  |
| 64550       | Apply neurostimulator         | \$23.50                                       | \$12.00                                   |
| 64553       | Implant neuroelectrodes       | \$267.50                                      | \$217.50                                  |
| 64555       | Implant neuroelectrodes       | \$279.50                                      | \$182.50                                  |
| 64560       | Implant neuroelectrodes       | \$260.50                                      | \$192.00                                  |
| 64561       | Implant neuroelectrodes       | \$1,886.50                                    | \$499.00                                  |
| 64565       | Implant neuroelectrodes       | \$260.50                                      | \$157.50                                  |
| 64573       | Implant neuroelectrodes       | \$704.50                                      | \$704.50                                  |
| 64575       | Implant neuroelectrodes       | \$377.50                                      | \$377.50                                  |
| 64577       | Implant neuroelectrodes       | \$440.50                                      | \$440.50                                  |
| 64580       | Implant neuroelectrodes       | \$401.50                                      | \$401.50                                  |
| 64581       | Implant neuroelectrodes       | \$992.00                                      | \$992.00                                  |
| 64585       | Revise/remove neuroelectrode  | \$685.00                                      | \$220.00                                  |
| 64590       | Implant neuroreceiver         | \$492.00                                      | \$245.00                                  |
| 64595       | Revise/remove neuroreceiver   | \$623.00                                      | \$192.00                                  |
| 64600       | Injection treatment of nerve  | \$661.50                                      | \$270.00                                  |
| 64605       | Injection treatment of nerve  | \$798.00                                      | \$423.00                                  |
| 64610       | Injection treatment of nerve  | \$869.50                                      | \$608.00                                  |
| 64612       | Destroy nerve, face muscle    | \$229.50                                      | \$170.50                                  |
| 64613       | Destroy nerve, spine muscle   | \$252.00                                      | \$165.00                                  |
| 64620       | Injection treatment of nerve  | \$408.00                                      | \$218.00                                  |
| 64622       | Destr paravertebral nerve l/s | \$553.50                                      | \$228.50                                  |
| 64623       | Destr paravertebral n add-on  | \$203.00                                      | \$63.50                                   |
| 64626       | Destr paravertebral nerve c/t | \$569.00                                      | \$273.00                                  |
| 64627       | Destr paravertebral n add-on  | \$292.00                                      | \$75.00                                   |
| 64630       | Injection treatment of nerve  | \$298.50                                      | \$231.50                                  |
| 64640       | Injection treatment of nerve  | \$362.50                                      | \$243.50                                  |
| 64680       | Injection treatment of nerve  | \$480.00                                      | \$211.50                                  |
| 64681       | Injection treatment of nerve  | \$661.50                                      | \$293.50                                  |
| 64802       | Remove sympathetic nerves     | \$771.50                                      | \$771.50                                  |
| 64804       | Remove sympathetic nerves     | \$1,183.00                                    | \$1,183.00                                |
| 64809       | Remove sympathetic nerves     | \$1,039.00                                    | \$1,039.00                                |
| 64818       | Remove sympathetic nerves     | \$838.00                                      | \$838.00                                  |

**Other Services**

| <b>Code</b> | <b>Brief Description</b>     | <b>Non-Facility Setting<br/>Max Allow Fee</b> | <b>Facility Setting<br/>Max Allow Fee</b> |
|-------------|------------------------------|---|---|
| 31500       | Insert emergency airway      | \$152.50                                      | \$152.50                                  |
| 36400       | Bl draw < 3 yrs fem/jugular  | \$34.50                                       | \$25.00                                   |
| 36420       | Vein access cutdown < 1 yr   | \$71.00                                       | \$67.00                                   |
| 36425       | Vein access cutdown > 1 yr   | \$52.00                                       | \$52.00                                   |
| 36600       | Withdrawal of arterial blood | \$42.00                                       | \$21.50                                   |
| 36620       | Insertion catheter, artery   | \$72.50                                       | \$72.50                                   |
| 36625       | Insertion catheter, artery   | \$143.00                                      | \$143.00                                  |
| 36660       | Insertion catheter, artery   | \$98.50                                       | \$98.50                                   |



**Uniform Medical Plan Anesthesia Fee Schedule**  
**Pain Management and Other Procedures Paid Under the RBRVS Methodology**  
**Effective July 1, 2005**

**Other Services, Continued**

| <b>Code</b> | <b>Brief Description</b>      | <b>Non-Facility Setting<br/>Max Allow Fee</b> | <b>Facility Setting<br/>Max Allow Fee</b> |
|-------------|-------------------------------|---|---|
| 62287       | Percutaneous disectomy        | \$713.00                                      | \$713.00                                  |
| 63600       | Remove spinal cord lesion     | \$1,037.00                                    | \$1,037.00                                |
| 76000       | Fluoroscope examination       | \$81.00                                       | \$81.00                                   |
| 76000-26    | Fluoroscope examination       | \$11.50                                       | \$11.50                                   |
| 76000-TC    | Fluoroscope examination       | \$69.50                                       | \$69.50                                   |
| 76003       | Needle localization by x-ray  | \$106.50                                      | \$106.50                                  |
| 76003-26    | Needle localization by x-ray  | \$37.00                                       | \$37.00                                   |
| 76003-TC    | Needle localization by x-ray  | \$69.50                                       | \$69.50                                   |
| 76005       | Fluoroguide for spine inject  | \$109.00                                      | \$109.00                                  |
| 76005-26    | Fluoroguide for spine inject  | \$39.50                                       | \$39.50                                   |
| 76005-TC    | Fluoroguide for spine inject  | \$69.50                                       | \$69.50                                   |
| 76496       | Fluoroscopic procedure        | By Report                                     | By Report                                 |
| 76496-26    | Fluoroscopic procedure        | By Report                                     | By Report                                 |
| 76496-TC    | Fluoroscopic procedure        | By Report                                     | By Report                                 |
| 93503       | Insert/place heart catheter   | \$188.50                                      | \$188.50                                  |
| 95970       | Analyze neurostim, no prog    | \$67.00                                       | \$31.00                                   |
| 95990       | Spin/brain pump refill & main | \$78.50                                       | \$78.50                                   |
| 95991       | Spin/brain pump refill & main | \$115.50                                      | \$49.50                                   |

**Evaluation and Management**

| <b>Code</b> | <b>Brief Description</b>     | <b>Non-Facility Setting<br/>Max Allow Fee</b> | <b>Facility Setting<br/>Max Allow Fee</b> |
|-------------|------------------------------|---|---|
| 99201       | Office/outpatient visit, new | \$48.50                                       | \$31.50                                   |
| 99202       | Office/outpatient visit, new | \$86.50                                       | \$62.00                                   |
| 99203       | Office/outpatient visit, new | \$128.50                                      | \$95.50                                   |
| 99204       | Office/outpatient visit, new | \$181.50                                      | \$141.50                                  |
| 99205       | Office/outpatient visit, new | \$229.50                                      | \$188.00                                  |
| 99211       | Office/outpatient visit, est | \$29.00                                       | \$12.00                                   |
| 99212       | Office/outpatient visit, est | \$51.50                                       | \$32.00                                   |
| 99213       | Office/outpatient visit, est | \$70.00                                       | \$47.00                                   |
| 99214       | Office/outpatient visit, est | \$109.50                                      | \$78.00                                   |
| 99215       | Office/outpatient visit, est | \$159.00                                      | \$125.00                                  |
| 99241       | Office consultation          | \$66.50                                       | \$45.50                                   |
| 99242       | Office consultation          | \$121.50                                      | \$92.00                                   |
| 99243       | Office consultation          | \$162.50                                      | \$123.50                                  |
| 99244       | Office consultation          | \$228.50                                      | \$182.50                                  |
| 99245       | Office consultation          | \$295.50                                      | \$243.00                                  |
| 99271       | Confirmatory consultation    | \$52.00                                       | \$32.00                                   |
| 99272       | Confirmatory consultation    | \$87.00                                       | \$60.50                                   |
| 99273       | Confirmatory consultation    | \$120.00                                      | \$86.50                                   |
| 99274       | Confirmatory consultation    | \$161.50                                      | \$124.00                                  |
| 99275       | Confirmatory consultation    | \$205.50                                      | \$164.50                                  |
| 99291       | Critical care, first hour    | \$339.50                                      | \$274.00                                  |
| 99292       | Critical care, add'l 30 min  | \$150.00                                      | \$137.00                                  |